

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☒ IXC ☐ CLEC ☐ ILEC ☐ Wireless

235976
2012.39A

CERTIFICATED COMPANY INFORMATION

<u>American Telecommunications Systems, Inc.</u>	FEIN/SSN _____
Company Name	330-649-9265
Db/a/fka	Telephone # _____
<u>107 W Michigan 4th Fl</u>	
Mailing Address	
<u>Kalamazoo MI 49007</u>	
City, State, Zip Code	
<u>4450 Belden Village St NW Ste 602</u>	
Business Location	
<u>Canton OH 44718</u>	<u>Stark</u>
City, State, Zip Code	County

REGISTERED AGENT INFORMATION

RECEIVED

Registered Agent: <u>B Allston Moore Jr</u>	APR 08 2012
Mailing Address: <u>5 Exchange St</u>	
City, State, Zip Code: <u>Charleston SC 29401</u>	PSC SC MAIL / DMS

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

- A. Myra Stidd
General Manager (Include address if different than above.)
330-649-9265 / 330-649-9275 / myra@ats-firstcall.com
 Telephone Number Facsimile Number E-mail Address
- B. Angela Dominik
Customer Relations/Complaints Representative (Include address if different than above.)
330-649-9265 / 330-649-9275 / customerservice@ats-firstcall.com
 Telephone Number Facsimile Number E-mail Address
- C1. Angela Dominik
Customer Relations/Complaints Representative for Escalated Complaints (Include address if different than above.)
330-649-9265 / 330-649-9275 / customerservice@ats-firstcall.com
 Telephone Number Facsimile Number E-mail Address
- C2. 800-961-4245
Customer Contact (Toll Free Number)
- D. _____
Engineering Operations (Include address if different than above.)
 _____ / _____ / _____
 Telephone Number Facsimile Number E-mail Address
- E. _____
Test and Repair (Include address if different than above.)
 _____ / _____ / _____
 Telephone Number Facsimile Number E-mail Address

F.

Emergencies (During non-office hours)

Telephone Number

Facsimile Number

E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

G.

Bill Stathakaros

Regulatory Officer (Include address if different than above.)

330-649-9265

/ 330-649-9275

/bill@ats-firstcall.com

Telephone Number

Facsimile Number

E-mail Address

H.

Dual Party Mailings (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

I.

Interim LEC Fund Mailings (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

J.

Patrick D Crocker

Universal Service Fund Mailings (Name)

107 W Michigan 4th Fl, Kalamazoo MI 49007

Mailing Address

269-381-8888

/ 269-381-4855

/contact@nationwideregulatorycompliance.com

Telephone Number

Facsimile Number

E-mail Address

K.

Patrick D Crocker

Gross Receipts Mailings (Name)

107 W Michigan 4th Fl, Kalamazoo MI 49007

Mailing Address

269-381-8888

/ 269-381-4855

/contact@nationwideregulatorycompliance.com

Telephone Number

Facsimile Number

E-mail Address

L.

Lifeline Mailings (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

Patrick D Crocker

This form was completed by (print name)

President, Nationwide

Regulatory Compliance, LLC

Title

Signature

03/28/12

Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Clerk's Office
Post Office Drawer 11649
Columbia, South Carolina 29211

Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201

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